POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	CM	20501	211/
O.I.P.E. CLASSIFIER		10/	2/20
FORMALITY REVIEW		10	
RESPONSE FORMALITY REVIEW			
	Ch.	6430	9,25

INDEX OF CLAIMS

•	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

Claim	Date	Claim	Date		Claim	Date
2 0 D		- T-				
Finance Original		Final Original		1 1	Final Original	
温 る へ ス		Final		1111	Final	
		51			101	
2		52			102	
3		53			103	
4		54			104	-
5		55			105	
6		56			106	
7		57			107	
8		58			108	
9		59			109	
10		60			110	
11		61			111	
12		62			112	
(13)		63			113	
14		64			114	
15		65			115	
16		66		7.	116	
		67			117	
18		68			118	
19		69			119	
20		70			120	
21		71			121	
22		72			122	
23		73	 	+++	123	
24		74	 - - - -		124	
25		75	 	1-1-1	125	-
26		76	 	 	126	
27		77	 	 	127	
28		78	 		128	
29		79	 - - -	+	129	
30	- 	80		+ + + + + + + + + + + + + + + + + + + +	130	
(31)		81		 	131	
32		82	 - - - - -	+++	132	
33		83		 	133	
34		84	 	 	134	
3		85		+++	135	
36		86	 	+-+	136	-
37	 	87	 	+++	137	
38		88	 	 	138	- - - - - - - - - -
39	- 	89	 	++++	139	
40		90	 	+++	140	
41		91	┤╌╎╴ ├╶┼╌┼╌	+	141	
 			 	+-+		- - - - - - - - - - - - - -
42 43		92	╁╌╁╌┼╌┼╌┼╌┼╌	+-+	142	
44		94	 	+ + + -	144	
45		95	 	+++	145	┤┤┤┤┩ ┤┤
46		96	╫┼┼┼┼┼	+++	146	-
46	- - - - - -	96	 		147	- - - - - - - - - -
48		98	+++++	+++		
48		99	╫┼┼┼┼	1-1-1	148	
50		100	┼┼┼┼	+++	149 150	
1301		LIVU	_ 	1.1.1.	i heri	

If more than 150 claims or 10 actions staple additional sheet here

Best Available Copy